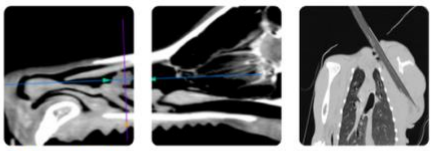

PATIENT

Calvin Running

SPECIES

Feline

BREED

Sphynx

SEX

Neutered Male

AGE

2 Years

WEIGHT

3.9 kg

INTERPRETED BY

Sara Brethel, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Oxford County VC

REFERRING VET

Dr. Canning

INVOICE

36803

DATE

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PRESENTING CLINICAL SIGNS

History: 2 year old Male neutered sphinx, very sweet boy, new heart murmur PMI sternal grade 3/6 found on nov 26th, feline BNP was >1500. did not do thyroid testing. in July 2025 did have pruritis on head, resolved with steroids and antibiotics, seen for lameness/limping on front left paw on nov 26 2025, could not identify cause of lameness on PE. planning xrays for this ASAP. otherwise no other health concerns Current Medications Onsior was giving nov 26th to dec 2nd for lameness Abnormal PE/Chem/CBC/UA Results: Values BNP was >1500 (idexx) Radiographic Findings none Primary Question to Be Answered in This Exam owner has dealt with HCM before in sphynxs, would like to know if there is heart disease and if so to characterize, she wants to aggressively treat/medicate if possible.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	**BODY WEIGHT** (kg)	**HR** (BPM)	**IVSd** (cm)	**LVIDd** (cm)	**LVWd** (cm)	**FS** (%)	**EF** (%)
NORMAL PARAMETER	------	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	3.9	NM	0.45	1.6	0.75	--	--
FELINE CARDIAC PARAMETERS	**LA/AO** (M-mode)	**LA/AO HEART BASE** (Sisson)	**LAD** LA MAX 4 Chamber		**LVOT VEL.** (m/s)	**RVOT VEL.** (m/s)	**IVRT** (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	1.46	1.47	--		1.86	1.0	NM
Adapted from June Boon, Veterinary Echocardiography,1998 Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705							

MR VMAX: 7.37

ECG Interpretation

Sinus rhythm with a sinus tachycardia and a left anterior fascicular block.

Cardiac Presentation

The mitral valve leaflets are normal and there is mild mitral regurgitation. There is no prolapse of the mitral valve leaflets. The left atrial size is at the upper limits of normal. Left ventricular systolic function appears preserved. Left ventricular diastolic dimensions are within normal limits. There is evidence of systolic anterior motion of the mitral valve and there is a discrete step up in velocities through the left ventricular outflow tract There is evidence of a kissing lesion at the level of SAM and the left ventricular myocardium appears hyperechoic in some regions. Left ventricular walls and papillary muscles measure hypertrophied. There is normal right atrial size without evidence of tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension on the images provided. The right ventricle appears normal in structure and function

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subjectively. The aortic and pulmonic valves have normal morphology and the corresponding outflow velocities are within normal limits. There is no evidence of pulmonic or aortic insufficiency. The aorta appears normal. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

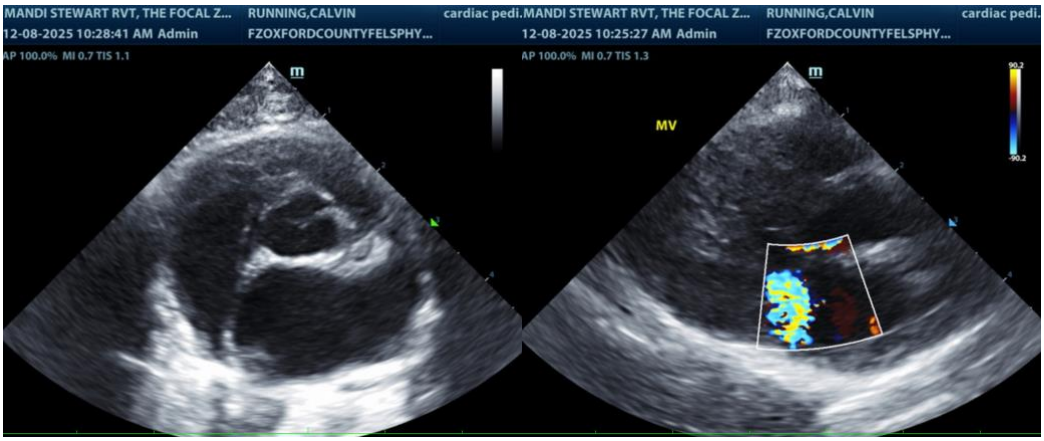
ULTRASONOGRAPHIC FINDINGS

- Hypertrophic obstructive cardiomyopathy stage B-1 (left atrium at the upper limits of normal)
- Mild obstruction
- Left anterior fascicular block (consistent with left ventricular concentric hypertrophy)

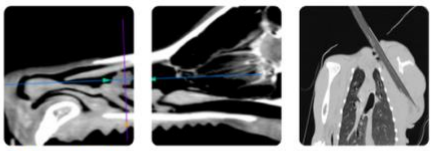
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has evidence of left ventricular concentric hypertrophy and is classified as a stage B1 due to the normal left atrial size. If not already performed, it is recommended to ensure that patients blood pressure is normal and the patient is euthyroid. Given the patient's age, abnormalities with the thyroid are considered less likely. If the patient is euthyroid and normotensive, then the patient has underlying hypertrophic cardiomyopathy. No cardiac medications are indicated at this time as the patient is at a low risk for complications associated with this condition. Since this can be a progressive condition, serial monitoring is recommended. It's recommended to recheck an echocardiogram in 6 months, sooner if the patient develops cardiovascular clinical signs.

Additional therapies that can be considered include Felycin Ca1, this is rapamycin. This is a conditionally approved medication, by the FDA, for the treatment of subclinical hypertrophic cardiomyopathy. The HALT study is still underway, and the owner can consider looking into a facility that is enrolling in the HALT study. The results of the HALT study are not available at this time to help elucidate the efficacy of Felycin ca1. This therapy should be proceeded with caution. Recommend ensuring full blood work is within normal limits, specifically liver values and blood glucose. 2-3 weeks after starting therapy with Felycin, recheck blood work is needed for further evaluation. Please note this is still considered an experimental drug, and caution is advised. I encourage the clinician to do their own research regarding Felycin to further evaluate and educate themselves on the medication. Please reach out with any questions.



The Focal Zone
FUELED BY SONOPATH VETERINARY ULTRASOUND



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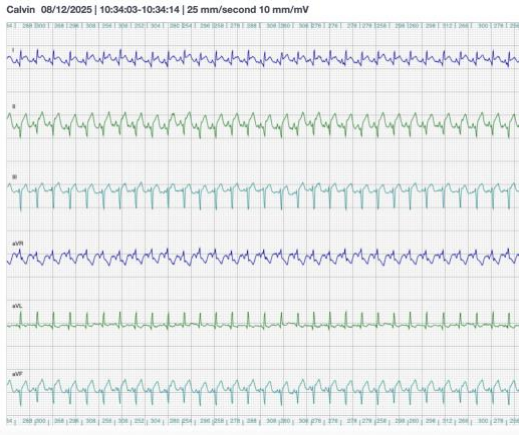

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Sara Brethel DVM, DACVIM (Cardiology)

info@SonoPath.com